PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

10/529/ed

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE (OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS							ļ	RATE	FEE	7 .	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		1	BASIC FEE	150.00	OR	BASIC FEE	300.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		•			X\$ 25=		OR	X\$50=		
INDEPENDENT CLAIMS			' minus 3 =		•			X100=		OR	X200=		
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+180=		ÓR	+360=		
* If the difference in column 1 is less than zero, enter "0" in column 2						,	TOTAL		J	TOTAL			
(Column 1) (Column 2) (Column 3))	SMALL	ENTITY	OR	OTHER SMALL			
AMENDMENT A	4/29/4	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 10	Minus	-0	<u>v </u>	=		X\$ 25=	•	OR	_X\$50=		
	Independent	• 4 ENTATION OF MI	Minus	PENDENT	3 CI AIM	 		X100=		ОЯ	X200=	هم الدين	
<u> </u>	FIRST PRESE	EIAIN IOIA OF IM	DETIFICE DE	PENDENT	OL AIM		'	+180=		OR	+360=		
,		•					L	TOTAL ODIT. FEE		OR ,	TOTAL ADDIT. FEE	pri	
		(Column 1)	T.	(Colum		(Column 3)	3 <i>-</i> -	· · · · · · · · · · · · · · · · · · ·					
ENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT B	Total	•	Minus			=		X\$ 25=		OR	X\$50=		
	Independent	•	Minus	OF NIDENG	CI AINA	<u> - </u>		X100=		OR	X200=		
	PINST PHESE	NTATION OF ML	CTIPLE DE	PENDENT	CLAIM		' [+180=		OR	+360≖		
					•		A	TOTAL DDIT. FEE	·	OR ,	TOTAL ODIT. FEE		
		(Column 1)		(Colum		(Column 3)	١.						
⊰ l		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER JSLY	PRESENT EXTRA		RATE ·	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**	٠.			X\$ 25=		OR	X\$50=		
	Independent	•	Minus	***		0		X100=		OR	X200=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-				+360=		
• H	the entry in colu	mn 1 is less than th	e entry in colu	mn 2. write "	'O° in calı	emn 3.	L	+180=		DR			
 1	the "Highest Nu	mber Previously Pa mber Previously Pa	id For [*] IN THI	S SPACE IS	less ther	20, anter 20.	AC	TOTAL DOIT, FEE		OR A	TOTAL DDIT. FEE		
		ber Previously Paid					r toun	d in the appr	ropriate box	in colu	mn.1.		